

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|--------|
| FEE DETERMINATION | RR | 70029 | 2/1/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 1 | ✓ | ✓ | 10/30/00 |
| 2 | ✓ | ✓ | 10/30/00 |
| 3 | ✓ | ✓ | 10/30/00 |
| 4 | ✓ | ✓ | 10/30/00 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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